

Primary Healthcare Implementation Advisory Board

Minutes of the July 14, 2005 Regular Meeting

Members Present: Art Jusko, Dr. Edwardo Williams, Comm. Ed DePuy, Dr. James Stockwell, Mark O'Bryant, Dr. Edward Holifield, Art Cooper, Brian Deslog, Homer Rice, Steve Mc Arthur, Dr. Henry Lewis, Sharon Rouse, Alam Parwez

Excused Members Absences:
Dr. Eugene Trowers
Kandy Hill

Guests:
Meg Beitler, Dr. Zandra Glenn, Robin McDougall, Gail Millon
Representatives from TEAM

Staff Present:
Joe Sharp, Jamaar Brundidge

The meeting was called to order at 6:05 p.m. by Chairman Dr. Edwardo Williams, presiding.

Chairman Williams opened the board meeting with the County Attorney's Advisory regarding the Florida Sunshine Statutes.

Issue I: Consideration of Minutes from May 12, 2005 Regular
Discussion: A motion was made to approve of the minutes. The motion was seconded and approved by a vote of 12 – 0.

Issue II: Monthly Operations Report
Report: Joe Sharp presented a draft of the new monthly operations report. The report is patterned after the HRSA report for Federally Qualified Health Centers. The report will provide the board with more detailed information on the types of services and treatments being delivered at the clinics. ICD-9 and CPT-4 codes are identified in the report. Member comments and suggestions are invited on the report.

Issue III: 340b Pharmaceutical Pricing
Report: Dr. Henry Lewis reported that 340B drug pricing could be obtained for all Primary Healthcare Program participants if County could become eligible for 340B Pricing. Dr. Lewis, stated further, that Leon County could become eligible by securing a grant from HRSA. However, on the downside, Dr. Lewis indicated that once the grant runs out; the 340b pricing runs out. The County will need to be responsible for renewing the grant every three years.

Issue IV: CareNet Consortium MSTU Fund Balance Recommendation
Report: Ms. McDougall reported the recommendations of the CareNet

Consortium for the MSTU Fund Balance. The CareNet recommendations are as followed:

Option 1- Women's Health Services at Bond which includes:

- 1) An OB Physician at 12 hours per week for 52 weeks at \$180 per Hour; Total \$112,320.
- 2) A Pediatrician based on 16 hours per week for 52 weeks at \$110 per hour; Total \$91,520.
- 3) A prenatal Case Manager at \$30,000 per Year.
- 4) A Full-time CPN at \$30,000 per Year
- 5) A Community Liaison/Outreach Worker at \$27,000 per year.

On-call Fee: \$200

120 Hospital Visits at \$200 Total \$24,000

100 Vaginal Deliveries at \$200 Total \$20,000

12 C-Sections at \$200 Total \$2,400

\$46,400

This comes to a grand total of \$337,240 per year. This level of funding is sought for three years. Total expenditure: \$1,011,720.

BCHC intends on providing care to; 150 new prenatal patients and 200 infants and children. This equates to 2100 prenatal/postpartum and well child visits and 500 new pediatric visits. Revenue expected will be used for support staff and in providing for 5 hysterectomies at \$1,500 each, 10 conizations at \$500 each, 10 LEEP at \$500 each, 12 laparoscopy at \$1,100 each and 20 colposcopy at \$300 each.

OPTION 2- Combination of Health Services

(A) Adult Dental Health

Patients would be referred from Hospital ER's and from NHS and Bond for treatment at the Leon County Health Department Center for Dental Care and Prevention. The initial appointment would be for an examination and diagnosis while subsequent treatment would be limited to the acute problem or chief complaint.

The Leon County Health Department will be reimbursed for the appointments at the Medicaid Cost Based rate of \$113 per encounter, 3 encounters per year, plus medications. Medicaid would be billed directly for patients that have active coverage. Medicaid revenues would be re-invested in Adult Dental Health.

Method of computation: \$100,000 / \$400 per patient per year = 250 patients per year.

Patient Origin: Hospital ERs would have 60 referrals each, per year. Bond and NHS, would have 50 referrals each, per year and the WeCare Network 30 referrals per year. Total annual Cost \$100,000. Three (3) year funding. Total Cost: \$300,000.

(B) Mental Health

Services will be based on Fee Schedule on Medicaid Reimbursements. The based rates are \$925.62- Medication only-, \$1,150.34- Counseling only, \$1,853.96- Medication and Counseling. The Medication and Counseling patients consists of 65% of the service population, Medication only patients consists of 25% and Counseling-only patients consists of 10%.

Method of computation: 80 patient referrals for Counseling and Medication @ \$1,854 (\$148,320) and an additional 25 referrals for Medication Only (\$23,125). Total patient referrals 105. Total annual program cost: \$171,445. **Two (2) year funding: \$342,890. Patient Origin:** 12 Patient referrals each from the Hospital ERs. 40 referrals each from Bond and NHS.

(C) Diabetes Monitoring

The company will give us 20 free meters per month for the 1st year. Strips for the meter will run for \$120 per month per patients and the patient will receive 200 strips. The FAMU Pharmacy is to be funded for 50 patient referrals.

Method of computation: \$1440 per patient per year. Total annual funding: \$72,000. Three (3) year funding: \$216,000.

Patient Origin: Each Clinic would refer 25 patients per year.

(D) Transportation

Bond, NHS, WeCare, TMH and CRMC are to receive \$5,000 annually for Indigent Care Transportation. Trip cost will range from \$12 to \$35 dollars per trip.

Method of computation: Total annual cost: \$25,000. Three (3) year funding: \$75,000

Monthly accountability: Who, What, When and Why. Agencies to be reimbursed periodically upon appropriate invoice.

(E) Mental Health Medications

FAMU Pharmacy would handle prescription Mental Health Medications upon referral of patients from Bond CHC and Neighborhood Health Services. It is estimated that Per Month patient cost would average \$50.00 per month or \$600 per year. **Method of computation:** 55 per year @ \$600 = \$33,000 yearly cost. Three Years: \$100,000. Monthly accountability.

OPTION III. Indigent Primary Care Center at TCC Health Services Learning Center

Appropriate \$1 Million to Tallahassee Community College, Health Services Learning Center for a primary health care services clinic of a minimum of 10,000 sq. ft. for the indigent and uninsured Citizens of Leon County at the proposed TCC Health Services Learning Center. TCC shall use these funds to leverage legislative funding support during the 2005-2006 Legislative Session.

Discussion: Chairman Williams thanked Ms. McDougal for the report. He commented that all the proposals are desirable, but unfortunately the committee has to choose one proposal over the others. There is only little amount of money to go around and there are many needed services. All the services reported are worthy of being funded.

Chairman Williams asked Joe Sharp and Alam Parwez for clarification on the deadline for the MSTU recommendation to the Board of County Commissioners. Mr. Sharp responded the recommendation was intended to go upon the County Commission at their August 30th meeting. Further he responded the recommendation could possibly be voted on at the PHAB August 11th meeting.

Chairman Williams opened the floor for discussion or questions about the recommendations. Mark O'Byrant suggested to separate each recommendation for discussions and questions.

Option 1: Women Health Services at Bond CHC

Mrs. Roush asked: Please, explain were the Medicaid generated revenue is going? Ms. McDougal commented: I will refer this question to Bond Community Health Center. Mr. O'Bryant suggested asking questions at this meeting, with to be answered at the next meeting. Further, Mr. O'Bryant asked; how do you decide what patients will receive the extra services? Chairman William agreed with Mark's suggestion of asking the questions at this meeting and have those questions be answered for the next meeting.

Art Jusko commented; the basic problem in the community is that we have too many babies dying. Mr. Jusko feels the Bond Proposal doesn't address the problem. Babies are dying because mothers don't get care before and after birth. Further, he stressed that we don't have basic healthcare in the community. Chairman Williams responded; what is Bond's plan and how are they going to help the problems. Art Jusko responded that; we (the healthcare community) are not offering prenatal care, instead we are offering preventive care.

Ms. Milon suggested that she contact Mr. Richards via cell phone to answer all the questions the committee has for Bond. Chairman Williams replied; it would be fair to Bond and to TCC for the committee to record their questions for each proposal and provide Bond, TCC and others time to answer. Ms. Milon agreed.

Mrs. Roush asked: Where will the generated Medicaid revenue go? Ms. Milon answered: Everyone proposed to receive healthcare under the Bond Option is eligible for Medicaid. Mrs. Roush asked: is the money going to pay for the physicians' fees? Chairman Williams intervened saying; each question will be drawn up and presented for each option. Mr. O'Bryant asked: What happens at the end of the 3 years when the funds go away. Ms. Milon responded, Bond will be seeking other sources of funding (HRSA/FQHC). Further, Mr. O'Bryant asked;

How do you decide what patients will receive additional services?

Mr. Art Jusko asked: Why are we not considering funding for prenatal care? Art Cooper responded; it is a small number of women in this community who had poor outcome of pregnancy because of lack of prenatal care. Dr. Holifield commented that he thinks some of the problems are lack of access and the reality is the problems are getting worse in Florida.

Mr. O'Bryant asked; Does this plan allow for the needs of the entire county to be addressed? Ms. Milon answered: Yes, this women and children's health center is to encompass the entire Leon County.

Mr. McArthur asked for clarification of the letter submitted by Bond on whether Bond wanted to participate in the MSTU fund balance. Ms. Milon responded that Bond's Board of Director was implying anything less than the \$1 Million proposed would not be adequate to provide proper healthcare services for the needs of the community. Mr. McArthur inquired: would the \$318,000 be acceptable. Ms. Milon commented that the \$318,000 was not adequate because it only funds the OB, GYN, and Pediatrician and not the support staff. Mr. O'Bryant asked: Is Bond retracting the letter submitted. Ms. Milon responded: no, Bond is not retracting the letter, but clarifying the letter. Dr. Holifield commented; the committee should not get too caught up with the letter, but to remember that people don't have access to healthcare. Chairman Williams commented: Yes there was a letter from Bond stating they are not interested in the MSTU fund balance, however, Bond does want to be considered for the funds. Further, Chairman Williams thinks we should consider Bond for the MSTU funds unless the committee votes otherwise.

Option #2: Combination of Health Services

Mr. O'Bryant asked: What happens when the three years are up and when the [fund] caps on each service run out? Ms. McDougall responded: The services will be provided on the 1st come, 1st served, qualified patient, basis and once we have served the number of people for whom we have money, we will stop those services until the next funding cycle. During the three years of this funding, the CareNet Consortium will continue to look for permanent funding on the programs.

Mrs. Rouch asked: Instead of trying to provide several services, why not try to form one service. Ms. McDougall answered: CareNet came up with the ideas as a roundtable discussion with representative of each provider prioritizing the needs of the community from their perspective.

Art Jusko asked; how does this program affect infant mortality. Ms. MdDougall answered; it does not affect infant mortality, because the CareNet Consortium did not focus on infant mortality.

Dr. Jim Stockwell asked: Does Option 2 supplement other diabetes programs in the community. Ms. McDougall answered: There are programs in place for patients to get medications or monitors, but they can not get the diabetes scripts. Dr. Holifield asked; is there anything more expensive than the diabetes scripts. Dr. Zandra Glenn answered; the diabetes scripts are the most expensive item. Dr. Holifield commented; there are programs out there supplying meters which don't cost anything, but when you consider the needs of the patients to check their blood sugar, there are no scripts available.

Mr. Depuy commented; if the PHAB wanted to recommend this proposal, then there will be no additional funding from the County after three years.

Mrs. Roush asked: What is the biggest need in this community and can the committee get records of what types of patients are being seen?. Ms. McDougal answered: We probably can get the DRG codes of these patients.

Mr. O'Bryant asked Ms. McDougal: Is WeCare going to do a Dental Care program. Robin responded that WeCare operates a program called Dental WeCare which has 25 dentists who volunteer and 22 available slots per month for patients. However, this does not meet the needs of the community and WeCare has had to cap the number of patients and there is a 6 month waiting list. Further, there are no dentists in this area that accept Medicaid for dental care.

Mrs. Meg Beitler commented that both NHS and Bond had a significant number of patient presenting with mental health conditions. These patient problems go from minor problems to major problems.

Option 3:

Mr. O'Bryant inquired as to what is the long-term funding source of the TCC Clinic and is this a clinic for ongoing routine primary care.

A number of Committee members inquired as to who was planned to operate the Clinic.

Dr. Holifield asked for clarification on the mention of leverage for the center in the Legislative Session. Mr. Sharp responded that the concept was that TCC came very close in the last Legislative session to being funded for the learning center. If TCC could show local County support, the Legislative would, most certainly, fund the learning center clinic in this next session. Further, Joe commented; the operation of the learning center clinic was briefly discussed, and Bond or NHS may wish to take over the operation of the clinic.

Dr. Stockwell asked: What is the mission of the TCC learning center and are they going to case manage to find patients primary care homes? Further, Dr. Stockwell asked: How is this going to affect women health services?

Chairman Williams commented: "One thing that bothers him about Option 3 is that it coming through the back door and there is no proposal of what are the needs for the learning center clinic. We have a proposal and don't know have all the details.

Art Jusko asked: Can we get funding from the hospital and the city for the learning center clinic. Mr. O'Bryant responded that TMH already has made a grant of land for the development of the TCC learning center..

Commissioner DePuy commented that all three options are coming through the front door and next month the PHAB will need to vote and give the County Commission a recommendation for the BOCC August meeting. If the PHAB can not come up with a recommendation by the August meeting, he will be okay with relaying to the County Commission that the PHAB needs more time to make a recommendation.

Art Jusko commented; I hope everyone don't think that we are going to spend a million dollars and that's it and it doesn't even answer any questions about primary care.

Ms. McDougal commented: I don't think we should spend a million dollars and then give up. We should find others ways of funding sources.

Issue V Citizens to be heard

Discussion: There were no citizens to be heard.

Issue VI Agenda Items for next meeting

Discussion: Dr. Lewis suggested; there should be a deadline of 10 days to submit questions so that would give each organization ample amount of time to answer questions.

There being no other business, the meeting adjourned at 7:10 P.M.